DLN: 93493072007409 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization CASCADE POLICY INSTITUTE D Employer identification number **B** Check if applicable ☐ Address change 93-1045925 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 4850 SW SCHOLLS FERRY ROAD SUITE 1 ☐ Amended return ☐ Application pending (503) 242-0900 City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR  $\,$  97225  $\,$ **G** Gross receipts \$ 1,263,543 Name and address of principal officer H(a) Is this a group return for JOHN A CHARLES JR □Yes ☑No subordinates? 4850 SW SCHOLLS FERRY ROAD STE 103 H(b) Are all subordinates PORTLAND, OR 97225 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)( ) **◄** (insert no ) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CASCADEPOLICY ORG L Year of formation 1991 M State of legal domicile OR K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1 Briefly describe the organization's mission or most significant activities TO DEVELOP AND PROMOTE PUBLIC POLICY ALTERNATIVES THAT FOSTER INDIVIDUAL LIBERTY, PERSONAL RESPONSIBILITY AND ECONOMIC OPPORTUNITY Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 6 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . . 770,446 728.848 9 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 3,818 17,845 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,730 775,994 746,693 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 341,446 351,264 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶73,803 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 214,304 290,113 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 555,750 641,377 19 Revenue less expenses Subtract line 18 from line 12 . 220,244 105,316 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 941,014 1,172,865 249,144 21 Total liabilities (Part X, line 26) . 75,688 923,721 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-03-06 Signature of officer Sign Here WILLIAM UDY SEC/TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-03-08 P00241609 Paid self-employed Firm's name ► VERITY ACCOUNTANCY PC Firm's EIN ▶ 26-0043046 Preparer Use Only Firm's address ▶ 6915 SW MACADAM AVE STE 145 Phone no (503) 281-5213 PORTLAND, OR 972192382 ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2	2018)				Page <b>2</b>
Pa	rt III	Statement of Program So	ervice Accomplis	hments		
		Check if Schedule O contains a	response or note to	any line in this Part III .		🗆
1	Briefly	describe the organization's mis		·		
	EVELOF PRTUNI		ALTERNATIVES THAT	FOSTER INDIVIDUAL L	IBERTY, PERSONAL RESPONSIBILIT	TY AND ECONOMIC
2		ne organization undertake any sig			nich were not listed on	
		nor Form 990 or 990-EZ?				🗌 Yes 🗹 No
		s," describe these new services o				
3	servic	ne organization cease conducting les?		changes in how it condu	cts, any program	☐ Yes ☑ No
4	Sectio	ibe the organization's program son 501(c)(3) and 501(c)(4) organises, and revenue, if any, for each	nizations are required	to report the amount o	argest program services, as measu f grants and allocations to others, t	red by expenses ne total
4a	(Code	) (Expenses \$	450.521	including grants of \$	) (Revenue \$	)
	•	dditional Data	,		, ( <del>+</del>	
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4d		program services (Describe in S	chedule O ) ıncludıng grants of	\$	) (Revenue \$	)
4e	Total	program service expenses >	450,5	21		

Form	990 (2018)			Page <b>3</b>
Par	Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	<u> </u>
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🥞	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🖼	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥦	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		No

No

Νo

Nο

Νo

No

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19

20a

20b

21

22

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

19

21

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

	990 (2018)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part $l$	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than $5\%$ of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check of Cahadula O contains a response or note to any line in this Book!			1 1

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Yes

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5

0

**1**c

1a

1b

No

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

15

Nο

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	lo" respo	onse to	lines 🗹
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	9		
	If there are material differences in voting rights among members of the governing	┥		
	body, or if the governing body delegated broad authority to an executive committee or			
L	similar committee, explain in Schedule O			
D	Enter the number of voting members included in line 1a, above, who are independent  1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\cdot$	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- \	No
<b>5</b> e	ection B. Policies (This Section B requests information about policies not required by the Internal Reveni	ie coae	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			l
		16b		
<u>Se</u> 17	List the States with which a copy of this Form 990 is required to be filed			
-/	OR OR			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	►WILLIAM UDY 4850 SW SCHOLLS FERRY ROAD 103 PORTLAND, OR 97225 (503) 242-0900			

Name and Title

(F)

Estimated

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

Position (do not check more

Reportable

Reportable

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

Average

- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Name and Tide	hours per week (list any hours for related	than o	ne bo	ox, ι n of or/t	inle ficei rust	and a	son	compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) MICHAEL L BARTON PHD DIRECTOR	1 00	Х						0	0	0
(2) MANUEL CASTANEDA DIRECTOR	1 00	Х						0	0	0
(3) PAMELA SHELDON MORRIS DIRECTOR	1 00	х						0	0	0
(4) RUPPERT REINSTADLER DIRECTOR	1 00	Х						0	0	0
(5) PETER WENDEL DIRECTOR	1 00	Х						0	0	0
(6) JOHN A CHARLES JR PRESIDENT AN	40 00			x				126,500	0	8,855
(7) WILLIAM B CONERLY PHD CHAIRMAN	1 00			х				0	0	0
(8) GILION DUMAS VICE CHAIR	1 00			х				0	0	0
(9) WILLIAM UDY SEC/TREASURE	1 00			х				0	0	0
										Form <b>990</b> (2018)

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Part VII Section A. Officers, Direct	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo oth a	ox, ur n offi or/tri	nless p cer an ustee) eniployee	erson d a romer Highest	ר ד	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		

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1b Sub-Total										
d Total (add lines 1b and 1c)									8,855	
2 Total number of individuals (including of reportable compensation from the o			e liste	ed al	bove	e) who	rece	eived more than \$10	00,000	

2	of reportable compensation from the organization > 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.			

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

			165	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>			
	mile 14. If res, complete schedule stor such mulvidual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No

	line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
_		H - H	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

	individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensa	ition	

	services rendered to the organization? If "Yes," complete Schedule J for such person		5	No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the o		ensation	
	(A)	(B)	,	C)

Se	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation					
	from the organization Report compensation for the calendar year ending with or within the organization's tax year					
	(A)	(B)	(C)			
	Name and business address	Description of services	Compensation			

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part	VIII Statement o	f Revenue								
	Check if Schedu	ule O contains a	respo	onse or note to an						🗆
						(A) revenue	(B) Related o exempt function	r	(C) Unrelated business revenue	Revenue excluded from tax under sections
	1a Federated campaig	gns	1a				revenue			312 - 314
ints	<b>b</b> Membership dues		<b>1</b> b							
Gra	c Fundraising events	s	1c							
, §	<b>d</b> Related organization	ons	<b>1</b> d							
<u> </u>	e Government grants (	contributions)	1e							
ıns, Sir	f All other contribution									
utio	and similar amounts above	not included	1f	728,848						
e is	g Noncash contribut in lines 1a - 1f \$ _		42	722						
in di	h Total. Add lines 1a									
				Busines	s Code	728,848				
Ĭ	2a			Busines						
4										
Other Revenue Contributions, Gifts, Grants G										
			_							
Ē	е ———		_							
Contributions, Gifts, Grants  And Other Revenue  Contributions, Gifts, Grants  And Other Similar Amounts  And Other Similar Amoun	<b>f</b> All other program s	ervice revenue								
Ğ	<b>9 Total.</b> Add lines 2a-	2f		<u> </u>						
	<b>3</b> Investment income ( similar amounts) .	including divide	ends, ı		•	17,90	7			17,907
	4 Income from investm				•					
	<b>5</b> Royalties	<u></u>			<b>▶</b>					
		(ı) Real		(II) Personal						
	<b>6a</b> Gross rents									
	<b>b</b> Less rental expenses									
	c Rental income or									
	(loss)				_					
	<b>d</b> Net rental income of	or (loss) (ı) Securit		(II) Other						
	7a Gross amount	.,,		(II) Other						
	from sales of assets other	5	16,788							pusiness revenue ax under sections 512 - 514
	than inventory									
	<b>b</b> Less cost or other basis and	5	16,850							
	sales expenses  C Gain or (loss)		-62							
	<b>d</b> Net gain or (loss)			<b>&gt;</b>	┪	-6	2			-62
_	8a Gross income from		nts of							
nue	contributions report	ed on line 1c)	,							
e v e	See Part IV, line 18		a					l or business revenue excluded from tax under sections 512 - 514		
ď.	<b>b</b> Less direct expense <b>c</b> Net income or (loss		<b>b</b>   Ina evi	ents 🕨						
the	9a Gross income from	gamıng activiti	-							
0	See Part IV, line 19		a							ed Revenue excluded from tax under sections 512 - 514
	<b>b</b> Less direct expense	es	ь							
	<b>c</b> Net income or (loss		L	ies 🕨						
	10aGross sales of inver	ntory, less								
	returns and anowar	ices	а							
	<b>b</b> Less cost of goods	sold	ь							
	<b>c</b> Net income or (loss		ınvent	ory ►						
	Miscellaneous	s Revenue		Business Code						
	11a									
	h									
Other Revenue Contributions, Giffs, Grants and Other Similar Amounts and Other Similar Amounts and Other Similar Amounts	_									
	d All other revenue									
	e Total. Add lines 11			>						
	12 Total revenue. Sec	e Instructions								
						746,69	ا3			Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all $cc$ Check if Schedule O contains a response or note to any	_	·	• •	🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		ехрепзез	general expenses	
Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	126,500	78,461	34,251	13,788
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	180,197	111,766	48,790	19,641
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	20,986	13,016	5,682	2,288
9 Other employee benefits				
<b>10</b> Payroll taxes	23,581	14,626	6,385	2,570
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	14,966	9,429	3,891	1,646
d Lobbying	3,200	3,200		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	162,394	160,430	311	1,653
12 Advertising and promotion				
13 Office expenses	9,989	6,245	2,552	1,192
<b>14</b> Information technology				
15 Royalties				
<b>16</b> Occupancy	40,194	24,665	10,976	4,553
17 Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	19,746	14,284	2,468	2,994
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	860	791	69	
23 Insurance	1,145	714	294	137
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )	·			
a PRINTING	19,894	314	109	19,471

8,613

5,113

2,536

1,463

641,377

8,477

1,237

1,562

1,304

450,521

136

3,408

281

45

73,803

Form **990** (2018)

468

693

114

117,053

a PRINTING

c POSTAGE

d TELEPHONE

e All other expenses

**b** EDUCATION AND PROMOTION

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Forn	n 990	(2018)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in this Pa	art IX			🗆
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			224,709	1	113,003
	2	Savings and temporary cash investments .		[	535,542	2	399,653
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[		4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated employees Comp			5	
ssets	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations	fied persons (as define n 4958(c)(3)(B), and stions of section 501(c	)(9)		6	
SS	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			7,841	9	4,415
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	19,622			
	Ь	Less accumulated depreciation	10b	17,529	2,138	10c	2,093
	11	Investments—publicly traded securities .	-		170,313	11	653,275
	12	Investments—other securities See Part IV, line	11			12	
	13	Investments—program-related See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		[	471	15	426
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)		941,014	16	1,172,865
	17	Accounts payable and accrued expenses			27,797	17	22,304
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		47,891	21	226,840
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	istees,				
ge		persons Complete Part II of Schedule L				22	
I	23	Secured mortgages and notes payable to unrela	ted third parties .			23	
	24	Unsecured notes and loans payable to unrelated	third parties			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		d parties,		25	

75.688

703,884

161,442

865,326

941,014

26

27

28

29

30

31

32

33

34

249.144

905,712

18,009

923,721

1,172,865 Form **990** (2018)

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

Total liabilities. Add lines 17 through 25 . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . .

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2018)				Page <b>12</b>		
Pa	Reconcilliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			746,693		
2	Total expenses (must equal Part IX, column (A), line 25)	2	641,3				
3	Revenue less expenses Subtract line 2 from line 1	3					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			865,326		
5	Net unrealized gains (losses) on investments	5			-46,921		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			923,721		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
	Accounting method used to prepare the Form 990			.,			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes			
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No		
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b				

Form **990** (2018)

## Additional Data

Software ID:

RESEARCH, WRITING, PUBLISHING, SPONSORING PUBLIC SPEAKERS, PROVIDING INTERNSHIPS TO COLLEGE STUDENTS, FACILITATION OF CHILDRENS SCHOLARSHIP

Software Version:

**EIN:** 93-1045925

Name: CASCADE POLICY INSTITUTE

Form 990 (2018)

Form 990, Part III, Line 4a:

FUND - PORTLAND BENEFICIARIES ARE ALL OREGONIANS

efile	e GRA	APHIC pri	nt - DO NOT I	PROCESS	As Filed Data -			DLN: 9	3493072007409
SCF	IED	ULE A		Dublic (	Charity Statu	e and Dul	hlic Sunn	ort	OMB No 1545-0047
	m 990				ganization is a sect 4947(a)(1) nonexe  Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
•		the Treasury		► Go to	www.irs.gov/Forms				Open to Public Inspection
ame	of th	ue Service ne organiza						Employer identific	<u> </u>
ASCA	DE POL	ICY INSTITUT	E					93-1045925	
	tΙ				ı <b>s</b> (All organızatıon			See instructions.	
ie o	rganız	ation is not	a private founda	tion because	it is (For lines 1 thro	ough 12, check o	nly one box )		
1		A church, c	onvention of chi	irches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>secti</b>	on 170(b)(:	<b>l)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3	П	A hospital o	or a cooperative	hospital serv	ice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r		ation operate	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated fo		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	state, or local go	vernment or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7	✓	section 17	'0(b)(1)(A)(vi)	. (Complete	Part II )		_	init or from the gener	al public described in
8		A communi	ty trust describe	d in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					scribed in <b>170(b)(1)</b> ee instructions Enter			with a land-grant coll college or university	ege or university or a
0		from activit	ies related to its	exempt fun- elated busin	ctions—subject to cer ess taxable income (le	taın exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	pport from gross
1		An organiza	ation organized a	and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	cly supported or	ganizations d		09(a)(1) or se	ction <b>509</b> (a)(2	s of, or to carry out th  ). See section 509(a	
а		Type I. A sorganization	supporting organ	ization opera o regularly a	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting orga	nization supe ting organiza	tion vested in the sar			organization(s), by ha ge the supported orga	_
С		Type III f	unctionally into	<b>egrated.</b> A s				nd functionally integra	ted with, its
d		functionally	Integrated The	organization		fy a distribution	requirement and	th its supported orgar I an attentiveness req	
е							RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		or Type III non- of supported or	•	integrated supporting	organization			
g				_	pported organization(	5)			
		lame of support	ported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
otal			tion Act Notice			Cat No 11285		 Schedule A (Form 9	

organization

instructions

supported organization

(b)(1)(A)(ix)

ightharpoons

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018

Page 2

	(Complete only if you ch						to qualify	under Part
	III. If the organization fa	ils to qualify und	der the tests list	ed below, pleas	<u>e complete Part</u>	III.)		
S	ection A. Public Support							
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e)	2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2021	(5) 2010	(0, 2010	(4) 2027	(5)		
1	Gifts, grants, contributions, and							
	membership fees received (Do not	620,331	551,192	760,928	770,446		728,848	3,431,745
_	include any "unusual grant ")	<del></del>						
2	Tax revenues levied for the							
	organization's benefit and either paid							
_	to or expended on its behalf The value of services or facilities	<del></del>					+	
3	furnished by a governmental unit to							
	the organization without charge							
4		620,331	551,192	760,928	770,446		728,848	3,431,745
4	Total. Add lines 1 through 3	020,331	331,192	700,928	770,440		720,040	3,431,743
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							1,460,128
	supported organization) included on							
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from							
0	line 4							1,971,617
	ection B. Total Support				l			
_	Calendar year	4 32244	(1)2045	( )2016	(1)2017			(OT )
	(or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2	2018	(f)Total
7	Amounts from line 4	620,331	551,192	760,928	770,446		728,848	3,431,745
8	Gross income from interest.	,	,	,	,			· · · · · ·
•	dividends, payments received on							
	securities loans, rents, royalties and	452	588	687	3,754		17,907	23,388
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI )							
11	Total support. Add lines 7 through							3,455,133
	10	Ļ						
	Gross receipts from related activities, e					12		1,730
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501	.c)(3) or <u>ga</u> r	nization,
	check this box and <b>stop here</b>						▶ ⊔	
	ection C. Computation of Public							
14	Public support percentage for 2018 (lin	e 6, column (f) di	vided by line 11, c	olumn (f))		14	- 	57 060 %
15	Public support percentage for 2017 Sch	nedule A, Part II, l	ine 14			15		60 000 %
16a	<b>33 1/3% support test—2018.</b> If the	organization did n	ot check the box o	n line 13, and line	≘ 14 is 33 1/3% or	more, c	heck this be	
	and <b>stop here.</b> The organization quali							▶ ☑
L	33 1/3% support test—2017. If the		• •		nd line 15 is 33 1/	3% or m	ore check	
E	·	=			IIIIE TO 12 22 1/	5 /0 <b>01</b> 11	iore, crieck	
	box and <b>stop here.</b> The organization							▶ □
<b>17</b> a	10%-facts-and-circumstances test							
	is 10% or more, and if the organization							
	in Part VI how the organization meets	tne facts-and-circ	cumstances test	ine organization q	lualifies as a public	iy supp	ortea	

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Ρ	art III	Support Schedule for						
		(Complete only if you c the organization fails to						der Part II. If
Se	ection A. I	Public Support	quality under t	.ne tests listeu	below, please co	ompiete Part II.)		
	C	alendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(4) 2017	(e) 2018	(f) Total
	(or fiscal	year beginning in) 🕨 📗	(a) 2014	(B) 2015	(6) 2016	(d) 2017	(e) 2018	(I) Iotai
1		its, contributions, and hip fees received (Do not						
		y "unusual grants ")						
2		eipts from admissions,						
		se sold or services , or facilities furnished in						
	,	y that is related to the						
		on's tax-exempt purpose						
3		eipts from activities that are						
	not an unr under sect	related trade or business						
4		ues levied for the						
		on's benefit and either paid						
_		nded on its behalf						
5		of services or facilities by a governmental unit to						
		zation without charge						
6	Total. Add	d lines 1 through 5						
7a		ncluded on lines 1, 2, and						
h		from disqualified persons ncluded on lines 2 and 3						
		rom other than disqualified						
		at exceed the greater of						
	\$5,000 or 13 for the	1% of the amount on line						
c	Add lines	· .						
8		pport. (Subtract line 7c						
	from line 6							
Se		Total Support		ı	1	, ,		
		alendar year year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	•	from line 6						
L0a	Gross inc	ome from interest,						
		, payments received on						
		loans, rents, royalties and om similar sources						
Ь		business taxable income						
		ion 511 taxes) from						
	businesse 1975	es acquired after June 30,						
c		10a and 10b						
11		ne from unrelated business						
		not included in line 10b,						
		or not the business is carried on						
12		ome Do not include gain or						
	loss from	the sale of capital assets						
12		n Part VI) pport. (Add lines 9, 10c,						
13	11, and 1							
14		years. If the Form 990 is fo	r the organization	's fırst, second, t	hird, fourth, or fift	h tax year as a sec	tion 501(c)(3)	organization,
	check this	box and <b>stop here</b>						▶ 🗆
		Computation of Public s			1 (6))			
15		port percentage for 2018 (lin		•	column (f))		15	
16 S	· · · · · · · · · · · · · · · · · · ·	port percentage from 2017 S					16	
		Computation of Investint income percentage for 201			line 13. column (f	7))	17	
1 <i>7</i> 18		nt income percentage from 2			,(1	,,	18	
		upport tests—2018. If the	•	•	on line 14. and lin	ne 15 is more than		ne 17 is not
		33 1/3%, check this box and s						<b>▶</b> □
		support tests—2017. If the	-					· —
,		than 33 1/3%, check this box	-					▶□
20		nundation. If the organization		-				. □

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

Schedule A (Form 990 or 990-EZ) 2018

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents?

If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
	-			
S	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		162	140
•	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
_	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ions)		
_	The organization satisfied the Activities Test. Complete line 2 below	,		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	c  The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	ınctru	ctions)	
	The organization supported a governmental entity Describe in Part VI now you supported a government entity (see	ii isti ui	ctions)	
2	Activities Test Answer (a) and (b) below.	I	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

instructions)

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) <b>See</b> instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E					
	Section A - Adjusted Net Income  (A) Prior Year (b) Current Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	4 Add lines 1 through 3					
5	Depreciation and depletion	5				
6	6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally-in	tegrat	ed Type III supporting or	ganızatıon (see		

Page **6** 

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014. . . . . .

Schedule A (Form 990 or 990-EZ) (2018)

**b** Excess from 2015. . . . . c Excess from 2016. . . . .

d Excess from 2017. e Excess from 2018.

## Additional Data

### Software ID:

Software Version: **EIN:** 93-1045925

Name: CASCADE POLICY INSTITUTE

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,

Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

Return Reference Explanation **SCHEDULE C** 

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

DLN: 93493072007409

Open to Public Inspection

Department of the Treasury Internal Revenue Service Īf

(Form 990 or 990-

EZ)

		n Form 990, Part IV, Line 3, or Form 9 nplete Parts I-A and B Do not complete		e 46 (Political Campaign	Activities), then
		01(c)(3)) organizations Complete Parts		Do not complete Part I-B	
	Section 527 organizations Complet				
		n Form 990, Part IV, Line 4, or Form 9 : have filed Form 5768 (election under s			
		have NOT filed Form 5768 (election under s			
		n Form 990, Part IV, Line 5 (Proxy Tax	k) (see separate i	nstructions) or Form 990	-EZ, Part V, line 35c
	xy Tax) (see separate instruction: Section 501(c)(4), (5), or (6) organiz				
Naı	me of the organization	<u>.</u>		Employer ide	ntification number
CAS	SCADE POLICY INSTITUTE			93-1045925	
Par	t I-A Complete if the organ	nization is exempt under section	on 501(c) or is		zation.
1	<u> </u>	ızatıon's dırect and ındırect political car			
2	Political campaign activity expend	itures (see instructions)		•	\$
3	Volunteer hours for political camp	,			*
Par		nization is exempt under section	n 501(c)(3).		
1	Enter the amount of any excise ta	ix incurred by the organization under se	ection 4955	<b>•</b>	\$
2	·	ix incurred by organization managers u		•	\$
3	·	ion 4955 tax, did it file Form 4720 for t			☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
ь	If "Yes," describe in Part IV				□ fes □ No
		nization is exempt under sectio	n 501(c), exc	ept section 501(c)(3)	).
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt func	tion activities	\$
2	Enter the amount of the filing org	anization's funds contributed to other o	rganizations for s	ection 527 exempt	\$
3		es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing organization's funds political organization, such	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (	(Form 990 or 990-EZ) 2018

Lobbying nontaxable amount Enter the amount from columns	121,207	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
Grassroots nontaxable amount (enter 25% of line 1f $$	·)	30,302
Subtract line 1g from line 1a If zero or less, enter -		
Subtract line 1f from line 1c If zero or less, enter -0		
If there is an amount other than zero on either line	1h or line 1), did the organization file Form 472	0 reporting $\Box$

columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2015

106,424

26,606

**(b)** 2016

113,952

28,488

(c) 2017

108,363

27,091

(d) 2018

121,207

3,200

30,302

3,200

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

449,946

674,919

3,200

112,487

168,731

3,200

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

1

3

Part IV

expenditure next year?

Return Reference

(b)

Amount

(a)

No

Yes

3

<u>4</u>

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b C Total 2c

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493072007409 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

2

CASCADE POLICY INSTITUTE

private benefit?

tax year 🕨

Revenue included on Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Assets included in Form 990, Part X

5

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 93-1045925 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes

Cat No 52283D

Schedule D (Form 990) 2018

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t 1111	Organizations M	aintaining Col	lections o	f Art, Hi	storic	al Tre	asures	, or Other	Similar As	sets (	continued)	1
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	records, o	check a	ny of th	ne followi	ng that are a	sıgnıfıcant u	ise of its	s collection	1
а		Public exhibition				d		oan or e	xchange prog	rams			
b		Scholarly research				е		Other					
С		Preservation for future	e generations										
4	Provi Part :	de a description of the XIII	organızatıon's col	lections and	explain h	ow the	y furthe	r the org	anızatıon's ex	empt purpo	se in		
5		ng the year, did the org ts to be sold to raise fur								ılar	☐ Ye	es 🗆	No
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forn	າ 990,	Part I	V, line 9	, or reporte	d an amou	int on F	Form 990	, Part
1a		e organization an agent ded on Form 990, Part		an or other	ıntermedia	ary for (	contribu	itions or	other assets r	not	☐ Ye	es 🗸	No
ь	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the foll	owina t	able			Δ	mount		
c		nning balance	inche in rare xiii	and compi	ice the foil	oming .	abic		1c				
d	_	ions during the year							1d				
е		ibutions during the year	r						1e				
f		ng balance	•						1f				
<b>2</b> a		he organization include	an amount on Fo	rm 990, Pai	t X, line 2	1, for e	scrow c	or custod	ıal account lıa	bility?	✓ Ye	es 🗆	— No
b		es," explain the arrange											
	rt V	Endowment Fun											
			•	(a)Currer			or year		vo years back			(e)Four ye	ars back
1a	Beginn	ning of year balance .											
b	Contrib	butions											
С	Net inv	vestment earnings, gair	ns, and losses										
d	Grants	or scholarships	•										
е		expenditures for faciliting	es										
f	Admın	istrative expenses .											
g	End of	year balance											
2	Provi	de the estimated perce	ntage of the curre	ent year end	l balance (	lıne 1g	, colum	n (a)) he	ld as				
а	Board	d designated or quasi-e	ndowment 🟲										
b	Perm	anent endowment 🟲											
С	Temp	porarily restricted endov	wment <b>&gt;</b>										
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%								
3а		here endowment funds nızatıon by	not in the posses	sion of the	organizatio	n that	are hel	d and adı	mınıstered for	the		Yes	No
	(i) u	nrelated organizations							•			a(i)	
b		related organizations     . es" on 3a(ii), are the re		 ns listed as r	equired or	n Sched	 lule R?					a(ii) 3b	<del>                                     </del>
4	Desci	ribe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment fu	ınds						
Pai	rt VI				u =	- 000	D		4- 6 -	000 -			
	Descr	Complete if the ori	ganization ansv (a) Cost or oth (investme	ner basıs	" on Forn (b) Cost o				.1a. See For Accumulated d			ne 10. (d) Book val	lue
<b>1</b> a	Land												
b	Buildin	ngs											
c	Leaseh	nold improvements											
d	Equipn	ment					19	,622		17,529			2,093
е	Other												_
Tota	I Add	lines 1a through 1e (Co	olumn (d) must e	gual Form 9	90 Part X	colum	n (B) /	Ine 10(c)	)) 1				2 093

Part VII Investments—Other Securities. Com	plete if the organizat	ion answe	ieu ies on ron	n 990, Part IV, line IID.
See Form 990, Part X, line 12.  (a) Description of security or categor (including name of security)	-y	(b) Book value	(c) N Cost or e	lethod of valuation nd-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
A)				
3)				
0)				
s)				
)				
5)				
H)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)				
Investments—Program Related. Complete if the organization answered	'Ves' on Form 990 P	art IV line	11c See Form (	IGN Part Y line 13
(a) Description of investment		ok value	(c) N	lethod of valuation
.)			Cost or e	nd-of-year market value
2)				
))				
· · · · · · · · · · · · · · · · · · ·				
· ()				
· ')				
3)				
9)				
<u>-</u>				
otal. (Column (b) must equal Form 990. Part X. col (B) line 13 )				
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 ) Part IX Other Assets. Complete if the organization		n 990, Part	IV, line 11d See Fo	
Part IX Other Assets. Complete if the organization	n answered 'Yes' on Ford Description	n 990, Part	IV, line 11d See Fo	orm 990, Part X, line 15  (b) Book value
Other Assets. Complete if the organization (a)		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a)		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a) )		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a) (b)		n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization (a) ) ) ) )		n 990, Part	IV, line 11d See Fo	
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Other Assets. Complete if the organization (a)  (a)  (b)  (c)  (d)		n 990, Part	IV, line 11d See Fo	
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Other Assets. Complete if the organization (a)  (a)  (b)  (c)  (d)  (e)  (e)  (f)  (h)  (f)  (h)  (h)  (h)  (h)  (h	Description	n 990, Part	IV, line 11d See Fo	
Other Assets. Complete if the organization  (a)  (b)  (c)  (d)  (d)  (e)  (e)  (f)  (h)  (f)  (h)  (h)  (h)  (h)  (h	Description  ne 15 ) .			(b) Book value
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Cart IX Other Assets. Complete if the organization (a)  (a)  (b)  (c)  (d)  (d)  (d)  (e)  (e)  (f)  (e)  (f)  (f)  (g)  (g)  (g)  (g)  (g)  (g	Description  ne 15 ) .	es' on Forn	1 990, Part IV, lir	(b) Book value
Other Assets. Complete if the organization (a)  (a)  (b)  (c)  (c)  (d)  (d)  (e)  (e)  (f)  (h)  (f)  (h)  (h)  (h)  (h)  (h	Description  ne 15 ) .	es' on Forn	1 990, Part IV, lir	(b) Book value
Other Assets. Complete if the organization (a)  (a)  (b)  (c)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (g)  (g)  (g)  (g)  (g)  (g	Description  ne 15 ) .	es' on Forn	1 990, Part IV, lir	(b) Book value

Schedule D (Form 990) 2018

Page 4

	oompiece ii ciie organi	zacion anomoroa 100 on 101111 220, 1 an	, .			
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII ) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a		╛	
b	Other (Describe in Part XIII ) .		4b		╛	
С					4c	
5		c. (This must equal Form 990, Part I, line 18	) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			t V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## Additional Data

Software ID: Software Version:

**EIN:** 93-1045925

Name: CASCADE POLICY INSTITUTE

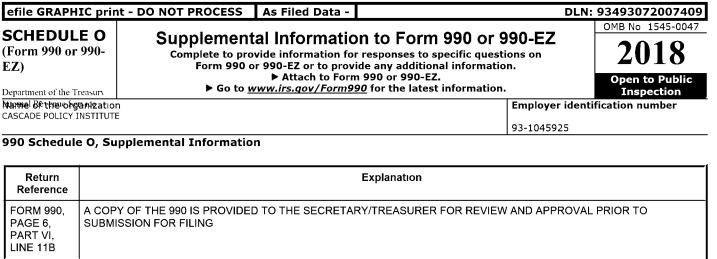
# Supplemental Information

Return Reference	Explanation
LINE 2B	THE ORGANIZATION HOLDS FUNDS RAISED FOR THE SPECIFIC PURPOSE OF DISBURSING THEM AS SCHOLAR SHIP AWARDS WHEN FUNDS ARE RECEIVED, THEY ARE RECORDED AS A LIABILITY ON THE ORGANIZATION 'S BOOKS AND THE FUNDS ARE DEPOSITED IN A SEPARATE CHECKING ACCOUNT THE ORGANIZATION AUTHORIZES AND APPROVES DISBURSEMENTS - AT WHICH TIME FUNDS ARE BELEASED AND THE LIABILITY ON

ITS BOOKS IS REDUCED

DLN: 93493072007409 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number CASCADE POLICY INSTITUTE 93-1045925 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles 7 Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 42,733 10 Securities—Closely held stock . **11** Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_\_) Other ▶ ( \_\_\_\_\_\_) 26 27 Other ► ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Νo b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page <b>2</b>
	cion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part lumber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 32B	TD AMERITRADE USED TO PROCESS NON-CASH CONTRIBUTIONS
	Schedule M (Form 990) (2018)



Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 15A

FORM 990, THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS
PAGE 6,
PART VI.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PAGE 6, PART VI, LINE 19

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	RESEARCH 38,297 0 0 OTHER PROFESSIONAL FEES 7,449 311 1,653 EDUC, NETWORKING, OUTREACH 35,
PART IX,	200 0 0 EVENT PLANNING, WEB DESIGN 79,484 0 0 TOTAL 160,430 311 1,653
LINE 11G	